V. S. No. 1

STATE OF MARYLAND—	CERTIFICATE OF DEATH 10967
1. PLACE OF DEATH	1140
County Starford	Registration Dist. No. 10 T
Village or Bity Dublin	No. St., Ward death occurred in a hospital or institution, give its NAME instead of street and number)
	3. ds. How long in U.S. if of foreign birth?
2. FULL NAME George anderson	If U. S. Veteran, specify WAR
(a) Residence: No.	St., Ward.
(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE S. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH OC+ 6 , 193.7 (Month) (Oay) (Year)
5a. If married, widowed or diversed HUSBANO of	22. 1 HEREBY CERTIFY. That I attended deceased from
(60) HIFE of Mal Underson	man 7, 1936, to Oct 6, 1937
6. DATE OF BIRTH (month, day, and year) Nov. 7. 1893	I last saw harma alive on O.C. f. Ca., 193.7; death is sald
7. AGE Years Months Deys If LESS than	to have occurred on the date steted above, atm.
43 / 3 1 dey,hrs.	The PRINCIPAL CAUSE OF DEATH end releted causes of Importence were as follows: Oate of onset
8. Trede, profession, or particular kind of work done, as SPINNER, Laborer SAWYER, BOOKKEEPER, etc.	Selectric 2 years
9 Industry or business in which work was done, as SILK MILL, Stone Quarry SAW MILL, BANK, etc	-
this occupation (month and 102 spent in this 10 W	br
year) occupation occupation	Other Contributory Causes of importance:
12. BIRTHPLACE (city or town)	
Atanland Co	New of acceptance and
14. BIRTHPLACE (city or town) 2 1 2 5 6 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7	Neme of operation
15. MAIDEN NAME Clara Preynolds	23. If death wes due to external causes (VIOLENCE) fill in also the following:
15. MAIOEN NAME Clara Preynolds 16. BIRTHPLACE (city or town) Turford Co.	Accident, suicide, or homlolde? Dete of Injury, 19
(Stete or country)	Where dld Injury occur? (Specify city or town, county and State)
17. INFORMANT/ UN SUO. a. Underson (Address) Street Starford Co., Mid	Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL Place Dullin Cem Date Oct, 9, 1937	Manner of Injury
19. UNDERTAKER St. S. Bailey	24. Wes disease or injury In any way releted to occupation of deceased?
(Address) Darlington Ind.	If so, specify Worked in Care + few meets
20. FILED Oct. 8 , 19.37 M. W. Hirk Registrar.	(Signed) CILLARD (Signed) M. D
Acg.orus.	

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I	e version	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
		(A)	
Other contributory causes of importance:		Other contributory cause of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year
		211927	

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY-PHYSICIAN

STATE OF MARYI AND-CERTIFICATE OF DEATH

stated EXACTLY. PHYSICIANS should state

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mation should be carefully supplied. AGE should be

N. B.-WRITE PLA

FOR BINDING

ARGIN RESERVED

properly classified.

Exact statement of OCCUPA-

D. Every item of infor-

	L PLACE OF DEATH	22-2
	County Harfard	Registration Dist. No. / O
	Village or City Perkryman, MA	NoSt.,Ward
	(II	death occurred in a hospital or institution, give its NAME instead of street and number)
	no on al D	
	2. FULL NAME Mrs. Martha T. Gra	If U. S. Veteran, specify WAR
	(a) Residence: No. Olssyman Md. (Usual place of abode)	St., Ward. If nonresident give city or town and State
gramos	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3.	SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED,	21. DATE OF DEATH
1	hemale Negro (Widomed)	(Month) (Day) (Year)
5 a	If married, widowed, or divorced HUSBAND of Branch On Branch	22. HEREBY CERTIFY, That I attanded deceased from
	me de tre	9-22, 1937, to $10-22$, 1937 I last saw h and alive on $10-21$, 1937; death is said
-	DATE OF BIRTH (month, day, and year) // Lack / 18 63	
7.	AGE Years Months Days If LESS than 1 day, X-hrs.	to have occurred on the date stated abova, at
_	/2 X orx.min.	were as follows:
TION	8. Trade, profession, or particular kind of work dona, as SPINNER,	Cenelus Henry 1937
A	SAWYER, BOOKKEEPER, etc.	Children peutonic 1191
	work was done, as SILK MILL, Hausewefe	
らこう	10. Date deceased last worked at this occupation (month and spent in this	
	yaar) occupation	Other Contributory Causes of Importance:
	BIRTHPLACE (city or town) Olivingman	
	(Stata or country) Maryland	
HER	13. NAME John Brown	
FATE	14. BIRTHPLACE (city or town) Olympian,	Name of operation Date of
14.	(State or country) maryland	Whet test confirmed diagnosis? Was there an autopsy
HER	15. MAIDEN NAME Unknamen	23. If deeth was dua to external causes (VIOLENCE) fill in also the following:
MOTE	16. BIRTHPLACE (city or town)	Accident, suicide, or homicide? Dete of injury, 19
ž	(Stata or country)	Whera did injury occur? (Specify city or town, county and State)
1	(Address) Prysman, ma	Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
1	B. BURIAL, CREMATION, OR REMOVE	Menner of injury
	Place Union M E. Churchate Oct. 25, 1937	
1	9. UNDERTAKER Elmer E. Bullack	24. Was disease or injury In any way related to occupation of decaased 200
	(Address) 5.56 fine St. Havre de trace, in	If so, specify
2	0. FILEOUCH 22, 1927 OC Michael	(Signed) M. D.
	Registrar.	(Address) Machel all Judes and

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

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9.—The industry or business in which the work was done.

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In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

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Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Example I		Example II	
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Chronic interstitial nephritts	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
NOV 5 1937			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL SPACE FOR	FURTHER	STATEMENTS	$\mathbf{B}\mathbf{Y}$	PHYSICIAN
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HITTHE GOUPONATE SINE CTATE OF MADVI AND CEDTIFICATE OF DEATH

1. PLACE OF DEATH	46-60
County Starfaca	Registration Dist. No. 185
Village or City Havef de Grace	No. St., Walls of the state of
Length of residence in city or townwhere death occurredyrs,mo	
2. FULL NAME . SA Carrie	If U. S. Veteran, specify WAR
	N O
(a) Residence: No Value (Usual place of abide)	Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (wite the word)	21. DATE OF DEATH Clex 17 1937
a. If marriad, widowed, or divorced	(Month) (Day) (Year)
(or) WIFE of Charles Carry	22. Sept HEREBY CERTIFY, That I attanded deceased to
DATE OF BIRTH (month, day, and year) Feb 3- 1864	I last saw h LV alive on Qet 17 , 1937; death is
. AGE Yagrs Months Days If LESS than	to have occurred on the date stated above, at
7.3 8 14 1 day,hrs	THE I KINCLE AT CHOSE OF DEVILE and related casses of imbolitation
8. Trada profession or particular	Parcinona of Stomach Date of
8. Trada, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.	The state of the s
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. 9. Industry or business In which work was dona, as SILK MILL, SAW MILL, BANK, etc. 10. Date deceased last worked at his occupation (month and	with melasters
SAW MILL, BANK, etc	
10. Date deceased last worked at this occupation (month and spent in this	
year) occupation	Other Cantributory Causes of importance:
2. BIRTHPLACE (city or town) Wreyman	Chamie interstitual Rephritis 19
(Stata or country)	
13. NAME Alaved Alyumbers 14. BIRTHPLACE (city or town)	
14. BIRTHPLACE (city or town)	Nama of operation
(State of Country)	What test confirmed diagnosis? Was there an autopsy?
15. MAIDEN NAME	23. If death was due to external causes (VIOLENCE) fill in also the following:
16. BIRTHPLACE (city or town)	Accident, sulcide, or homicide?, 19_
(State or country)	Whare did injury occur?
7. INFORMANT Charles Cakey	(Specify city or town, county and State) Specify whether Injury occurred in INDUSTRY, in HOME, or In PUBLIC PLACE.
(Addrass) Neare de Prace nd.	
8. BURIAL, OREMANION, OR REMOVAL	Manner of Injury
Place Sevan Creek Date Date 21, 19.3	Natura of injury
INDICATION & COLOR	24. Was disease or injury in any way related to occupation of dacaasad?
19. UNDERTAKER (Address) (Address)	If so, specify
(0-1 10 == 61. 10 0 2/1 ==	(Signed) Muk, Melhert
20. FILED I CV. 19-3/ CAURLES Y. DELLY / A	

-WRITE PLAIMLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state

B.—WRITE PLA

ARGIN RESERVED FOR BINDING

Exact statement of OCCUPA-

properly classified.

CAUSE OF DEATH in plain terms, so that it may be

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Example I	_,	Example II	
The principal cause of death and related causes of importance were as follows:	. 11	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 wcck ago
Cerebral hemorrhage NOV 9	July 5,1927	Peritonitis	3 days ago
H BUREAU V			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL SPACE FOR FURTH	ER STATEMENTS BY PHYSICIAN
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BINDING

FOR

ARGIN RESERVED

STATE OF MARYLAND—CERTIFICATE OF DEATH infor-OCCUPA-1. PLACE OF DEATH plnods item of Registration Dist. No. (If death occurred in a hospital or institution, give its NAMF, instead of street and number) How long In U.S. if of foreign birth?_ statement SICIAN Veteran specif (a) Residence: No. If nonresident give city or town and State (Usual place of abode) Exact MEDICAL CERTIFICATE OF DEATH PERSONAL AND STATISTICAL PARTICULARS 3. SEX 21. DATE OF DEATH 4. COLOR OR RACE SINGLE, MARRIED, WIDOWED. OR DIVORCED (prite the word) (Month) (Day) (Year classified. 5a. If married, widowed, or divorced HUSBAND of 22. ERTIFY. That I attended decassed from (or) WIFE of certificate. 6. DATE OF BIRTH (month, day, and year) properly 7. AGE Months Days If LESS than 1 day-hrs. The PRINCIPAL CAUSE OF DEATH and related causes of Importance or____min. Date of enset 8. Trade, profession, or particular OCCUPATION kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc..... jo 9. industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc..... back may 11. Total tima (years) On 10. Date deceased last worked at this occupation (month and spent in this that instructions occupation __ S 12. BIRTHPLACE (city or town) (State or country) a terms, FATHER See 14. BIRTHPLACE (city or town). Name of operation plain (State or country) carefully What test confirmed diagnosis? Was there an autopsy?. MOTHER FION is very important. 15. MAIDEN NAME 23. If death was due to external causes (VIOLENCE) fill in also the following: in Accident, suicide, or homicide?..... Date of injury.......... 19_ DEATH 16. BIRTHPLACE (city or town) (State or country) pe (Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, In HOME, or In PUBLIC PLACE pluods OF. 18. BURIAL CREMATION, OR Manner of injury WRITE CAUSE mation Nature of Injury 24. Was diseasa or injury in any way related to occupation of decaasad? 19. UNDERTAKER If so, specify (Signed) (Address) Registrar.

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Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, c. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I	\ i	Example II	ath and related causes Date of onset			
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:				
Arteriosclerosis 1037	1915	Attack of epilepsy	1 week ago			
Chronic interstitial nephritis	1921	Run over by street car				
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago			
DURE.						
Other contributory causes of importance:		Other contributory causes of importance:				
Gallstones	May 1,1923	Gastroenteritis	1 year			
		9				

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

should state D. Every item of inforof OCCUPAstated EXACTLY. PHYSICIANS Exact statement WITH UNFADING INK-THIS IS A PERMANENT REC properly classified. FOR BINDING TION is very important. See instructions on back of certificate. ARGIN RESERVED AGE should be CAUSE OF DEATH in plain terms, so that it may mation should be carefully supplied. B.—WRITE PL

V. S. No. 1

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STATE OF MARYLAND—	CERTIFICATE OF DEATH
1. PLACE OF DEATH	
county Hartard	Registration Dist. No. 182
Village or City Bel Air Md	NoSt.,Ward
A CAT	death occurred in a hospital or institution, give its NAME instead of street and number)
	ds. How long In U.S. if of foreign birth?yrsmosds.
2. FULL NAME L/ise Williams Clas	If U. S. Veteran, specify WAR
(a) Residence: No. Be) Air Md	St. Ward.
(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE OR DIVORCED (write the word)	21. DATE OF DEATH OCT (Month) (Oev) (Year)
5a. If married, widowed, or divorced HUSBANO of DA 1 2 4 C 1 C 1	
(or) WIFE of PhilipHClose	22. I HEREBY CERTIFY, That I attended deceased from 1936, to 2, 1937
6. DATE OF BIRTH (month, day, end year) API) 6-1876	I last saw h alive on
7. AGE Years Months Days I LESS than	to have occurred on the date stated above, et 3 4 Am.
/ 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH end releted causes of importance
6/1 3 1 26 ormin.	were as follows: - Date of onset
8. Trede, profession, or particular kind of work done, es SPINNER, SAWYER, BOOKKEPER, etc.	(acuroma
SAWYER, BOOKKEEPER, etc	frimary in cerry
work was done, as SILK MILL, SAW MILL, BANK, etc	
SAWYER, BOOKKEEPER, etc. 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. 10. Oete deceased lest worked at this occupation (month end year) year) 11. Totel time (yeers) spant in this occupation.	
// veary	Other Contributory Causes of importance:
12. BIRTHPLACE (city or town) Hartord Co.	metartinis lung
(State or country)	and stomach -
13. NAME STEDENSONA Williams	
13. NAME Stevenson Williams 14. BIRTHPLACE (city or town) Brook) yn	Name of operation X- 2 and treatment Dete of
(State or country)	Whet test confirmed diagnosis? Was there an aulopsy?
15. MAIDEN NAME Arie) Strett 16. BIRTHPLACE (city or town) Taylor	23. If death wes due to external ceuses (VIOL ENCE) fill in also the following:
16. BIRTHPLACE (city or town) Taylor	Accident, suicide, or homicide? Date of Injury, 19
(State or country)	Where did Injury occur?
17. INFORMANT PhilipHClose (Address) Rel Alb Md.	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
(Address) Sellin Mo. 18. BURIAL, CREMATION, OR REMOVAL	Manner of injury
Place St Mary's Date Oct 3, 1937	Manner of injury
19. UNDERTAKER Dean & Foster (Address) Bel air mas	24. Was diseese or injury in any way related to occupation of deceesed? 20
20. FILED COd-9 197 91 Efechandson	(Signed) PTD) topta M. D.
ZU, FILED	10011.

Registrar.

(Address) Bellin med

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Example I The principal cause of death and related causes of importance were as follows: Arteriosclerosis Date of onset			Example II	1.0
			The principal cause of death and related causes of importance were as follows: Attack of epilepsy	Date of onset 1 week ago 1 week ago 3 days ago
Chronic interstitial neph	ritis	1921	Run over by street car	
Cerebral hemorrhage	1 10V 4 1937	July 5,1927	Perilonilis	
	BUREAU V. S.			
Other contributory ca	uses of importance:	The state of the s	Other contributory causes of importance:	
Gallstones		May 1,1923	Gastroenteritis	1 year

ADDITIONAL	SPACE	FOR	FURTHER	STATEMENTS	BY	PHYSICIAN

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Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II		
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset	
Arteriosclerosis	1915	Attack of epilepsy	1 week trao	
Chronic interstitial nephritis	1921	Run over by street car	1 week ago	
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago	
		LCGI 9 NON		
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

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,	of in	ld s	ccn
	item	shor	0 Jo
	D. Every i	SICIANS	atement
	ECOK	PHY	act st
'	TRI	Υ.	EX
	RMANEN	XACTL	classified.
	IS A PE	stated E	properly
	HIS	pe	pe
	VK-T	should	it may
	ING II	AGE	that
	UNFADI	upplied.	terms, se
)	WITH	efully s	in plain
	-WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD. Every item of infor-	mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state	CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPA-
	E P	shou	OF
	-WRIT	mation	CAUSE

of certificate.

See instructions on back

TION is very important.

V. S. No. 1

STATE OF MARYLAND—	CERTIFICATE OF DEATH 10973
1. PLACE OF DEATH	82-0
County Hartord &.	Registration Dist. No. 182
Village or City Johna	No. St., Ward
(If	death occurred in a hospital or institution, give its NAME instead of street and number)
Length of residence in city or town where deeth occurredyrsmos.	ds. How long in U.S. if of foreign birth?yrsmosds.
2. FULL NAME Christina Medely	If U. S. Veteran, specify WAR
(a) Residence: No. Same	St., Ward.
(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH
temale to Pridowed	(Month) (Day) (Year)
5a. If married, widowed, or divorced	22. HEREBY CERTIFY, That I attended deceased from
(or) WIFE of the late Christian arely	Sept 27 1957 to Oct 9 1937
C DATE OF DIDTH (month day and mon) 1. 0 17 - 1859	Hast saw h alive on Of 4 1957; death is said
6. DATE OF BIRTH (month, day, and year) 7. AGE Years Months Days If LESS than	to have occurred on the date stated above, at 4.7m.
7 \ 2 \ 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance
2 Trade profession or particular	were as follows: Carle Cartos eal schooles Damartia Barro
8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.	Caroland Landa Lead 9-2013
9/2 Industry or business in which	Carra voi y
work was done, as SILK MILL, SAW MILL, BANK, etc.	
NO Kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. 9.4 Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. 10. Date deceased last worked at this occupation (month and spent in this	
year) occupation	Other Contributory Causes of Importance:
12, BIRTHPLACE (city or town) Lerway	Other Contributory Causes of Importance.
(State or country)	
II 13. NAME George Alass	
13. NAME George Alass 14. BIRTHPLACE (city or town) Germany	Name of operation
(State or country)	What test confirmed diagnosis? Cleaned Was there an autopsy? 35
# 15. MAIDEN NAME PURPOULL	23, If death was due to external causes (VIOLENCE) fill in also the following:
15. MAIDEN NAME WAS 16. BIRTHPLACE (city or town) WAS 16. WITH CONTROL OF COUNTY OF CO	Accident, suicide, or homicide? Date of injury19
∑ (State or country)	Where did injury occur?
17. INFORMANT & Jacob Mussla	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or In PUBLIC PLACE.
(Address) lotalia ma'	
18. BURIAL, CREMATION, OR REMOVAL 6 HOL 10 + 11	Manner of injury
Place 87 Michaels Pry Hold Oct 11, 1937	Neture of injury
19. UNDERTAKER Clarence &. Cuthur	24. Was disease or injury in any way related to occupation of deceased?
(Address) Forh ma'	If so, specify
20 FILED Oct 11 1937 Virginia Chambers	(Signed) her O Hodous M.D.
20. FILED OCT. 11., 19 3.7. USQUILO GOMPLLS Registrar.	(Address) Elgewood m

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.
- 10.-The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative;" etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Example I		Example II		
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset	
Arteriosclerosis	1915	Attack of epilepsy	1 week ago	
Chronic interstitial nephritis NOV A 1937	1921	Run over by street car	1 week ago	
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago	
BUREAU V. S.				
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	
placement with the second of the second				

ADDITIONAL	SPACE FOR	FURTHER STATEMENTS	S BY	PHYSICIAN

TION is very important. See instructions on back of certificate.

STATE	OF	MARYI	AND-	CERTIFI	CATE	OF	DEATH
SIAIL		MANIL	AIND.	CLIVIII	CAIL		DLAII

4	60	61	1.49	v.B
1	U	J	6	4

1. PLACE OF DEATH	95-2
County Harford	Registration Dist. No. / 8/
Village or City Mean Save de Brace	NoSt., Ward
(If	death occurred in a hospital or institution, give its NAME instead of street and number) ds. How long in U.S. if of foreign birth?yrsmosds,
Length of rasidenca in city or town whare death occurredyrs,emos.	as. now long in 0.5. If of foreign birth!yrsmosas.
2. FULL NAME frederich Storsly	If U. S. Veteran, specify WAR
(a) Residence: No. Saul Frank Land	St., Ward.
(Usual place of abode) PERSONAL AND STATISTICAL PARTICULARS	If nonresident give city or town and State MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIOOWED,	21. DATE OF DEATH
OR DIVORCED (wyte the word)	Oey 15 1937
5a. If married, widowed, or divorced	(Month) (Day) (Year)
HUSBANO of (or) WIFE of	22. I HEREBY CERTIFY, That I attanded deceased from
(VI) HIL VI	, 19, 19, 19
6. DATE OF BIRTH (month, day, and year) Grand 17 = 1883	I last saw h; death is said
7. AGE Years Months Days If LESS than	to hava occurred on tha data stated abova, atm.
54 5 28 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
8. Trade, profession, or particular kind of work done, as SPINNER,	Date of Onest
SAWYER, BOOKKEEPER, etc. Day Labrica	Johnson Causes
Kind of work done, as SPINNER, Day Jahren SAWYER, BOOKKEEPER, etc. 9, Industry or businass in which work was done, as SILK MILL, SAW MILL, BANK, etc. 10. Data deceased last worked at this occupation (month and this occupation (month and spent in this securation (month and spent in this spent in th	RA 11 7/
SAW MILL, BANK, etc	mor man
this occupation (month and 1937 spent in this occupation 3 4 7	www from Drago
11 1 10	Other Contributory Canses of importance:
12. BIRTHPLACE (city or town) (State or country)	
- Charles of the Control of the Cont	
13. NAME frederich J. Dodsey	
[State or country]	Name of operation Data of
	What test confirmed diagnosis? Was there an autopsy?
15. MAIOEN NAME Mary Sitson 16. BIRTHPLACE (city or town) Harford Go (State or country)	23. If death was due to external causes (VIOLENCE) fill in also the following:
O 16. BIRTHPLACE (city or town) (State or country)	Accident, suicida, or homicide?
2 - +1 D +4	Where did injury occur? (Specify city or town, county and State)
17. INFORMANT SUS: Sulfa Salle	Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	Manner of injury
Place Mr. Calvay Carely Date Och 17th 1927	
11. 1. 1.	
19. UNDERTAKER ALLING CARREST COMMENTS	24. Was disaasa or injury in any way related to occupation of decaased?
Phil Hay Oll White head	(Signed) Or June M. D.
20. FILED Registrar.	(Address) And de frace hed
A Registration	

At, W. Cooling- Cornors.

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

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Example I The principal cause of death and related causes of importance were as follows:			Example II		
			The principal cause of death and related causes of importance were as follows:		
Arteriosclerosis	0666	1915	Attack of epilepsy	1 week ago	
Chronic interstitial nephritis		1921	Run over by street car	1 week ago	
Cerebral hemorrhage	NOV 5 19	July 5,1927	Peritonitis	3 days ago	
	BUREAU Y	· S			
Other contributory causes of	f importance:		Other contributory causes of importance:		
Gallstones		May 1,1923	Gastroenteritis	1 year	
				<u> </u>	

CAUSE OF DEATH in plain terms, so that it may be properly classified.

Exact statement of OCCUPA.

WITHIN COMPATA LIMIT		
STATE	OF MARYLAND—CERTIFICATE OF DEATH	10975

1. PLACE OF DEATH		950
County Harford		Registration Dist. No. 185
Village or City Harre Co		No. St., Ward death occurred in a hospital or institution, give its NAME instead of street and number) ds. How long in U.S. If of foreign birth? yrs. mos. ds.
2. FULL NAME and (a) Residence No. Have	de Grace Ma	If U. S. Veteran, specify WAR World Was
DEDCOMAL AND CENTRE	(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATIST		MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE Black	5. SINGLE, MARRIED, WIDOWED, OR DEVORCED (variethe word)	21. DATE OF DEATH (Month) (Day) (Year)
5a. If merried, widowed, or divorced HUSBAND of (or) WIFE of		22. I HEREBY CERTIFY, That I attended deceased from
6. DATE OF BIRTH (month, day, and year)	Imknown 1999	I last saw harm alive on Dead - Od. 16, 1937; death is sein
7. AGE Years Months	Days If LESS than	to have occurred on the date stated above, et //
48 — 8. Trade, profession, or particular	1 day,hrs. ormin.	The PRINCIPAL CAUSE OF DEATH end related causes of importance were as follows: Date of onset
kind of work done, es SPINNER, SAWYER, BOOKKEEPER, etc	Laborer	Hart Failur
work wes done, es SILK MILL, SAW MILL, BANK, etc	11. Total time (years) spent in this 2 9 %	Organic heart failures So promounced by Dre. F. W. Steiner, of Howe de Grace. Curto. Other Contributory Causes of importance:
12. BIRTHPLACE (city or town) Vary (State or country)	eflesvelle.	Decrosed was found dead, in a corn-field,
13. NAME 14. BIRTHPLACE (city or town)	6	County : No signs of violance : Inquest, unnecessary !.
(State or country)	mour	What test confirmed diegnosis? Was there an eutopsy? Max.
15. MAIDEN NAME 16. BIRTHPLACE (city or town) (State or country)	ke-	23. If death wes due to external causes (VIOLENCE) fill in also the following: Accident, suicide, or homicide?
State or country)	wow.	Where did injury occur?
17. INFORMANT W. S. D. 12. (Address) 1919	charge	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or In PUBLIC PLACE.
18. BURIAL, CREMATION, OF REMOVAL	Dete Oct 20, 1937	Manner of Injury
19. UNDERTAKER Made (Address) Havre de	son Mitchell	24. Was disease or injury in any wey related to occupation of deceased?
20. FILED let . 20, 1937 Bl	reles Jobby M. D. Registrar.	(Signed) H. W. Cooling Corrue M.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.
- 10.-The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

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Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I	1	Example II		
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Chronic interstitial nephritis	1921	Run over by street car	1 week ago	
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago	
BINEAU			1111000	
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

V. S. No. 1

STATE OF MARYLAND—	CERTIFICATE OF DEATH 10976	6
1. PLACE OF DEATH	(82-P)	
county Lactoria	Registration Dist. No. / 8	-
Village or City Theka	NoSt.,W death occurred in a hospital or institution, give its NAME instead of street and number)	Vard
	death occurred in a hospital or institution, give its NAME instead of street and number) ds. How long in U.S. if of foreign birth?yrsmos,	de
Cu ou		
2. FULL NAME MAS Ellen Ellen Ellen Gleory	If U. S. Veteran, specify WAR	
(a) Residence: No.	St., Ward. If nonresident give city or town and State	
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH	
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, Tensole I feet to the word)	21. DATE OF DEATH 12, 1937. (Month) (Oay) (Yeer	r)
5e. If merried, widowed, or divorced HUSBANO of (or) WIFE of Loket Ellioth.	22. HEREBY CERTIFY, That I attended decessed	from 7
6. DATE OF BIRTH (month, dey, end year) Ale e /6, 1848 7. AGE Years Months Oeys If LESS than 1 dey,	I lest saw hear alive on 10-11, 19.37; deeth is to heve occurred on the dete steted ebove, et 5.39 m. The PRINCIPAL CAUSE OF DEATH end related causes of importance	sald
8. Trade, profession, or perticular kind of work done, es SPINNER Jourse Author Bowkeeper, etc.	were as follows: Cerebral thumbras Date of o	
9: Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc		
10. Dete deceased last worked et this occupetion (month and yeer) 11. Totel time (yeers) spent in this occupetion	Other Coutributory Causes of Importance:	
12. BIRTHPLACE (city or town)	The second secon	
13. NAME Willer Wagner		
13. NAME Viller Margary 14. BIRTHPLACE (city or town) (State or country)	Neme of operation	no
15. MAIDEN NAME WELLINGER	23. If deeth wes due to externel ceuses (VIOLENCE) fill in also the following:	
15. MAIOEN NAME MULTURE (city or town)	Accident, suicide, or homicide? Dete of Injury, 19	
₹ (Stete or country)	Where did injury occur?	
17. INFORMADING TOUR Margaret	(Specify city or town, county and State) Specify whether injury occurred in INOUSTRY, In HOME, or In PUBLIC PLACE.	
18. BURIAL, CREMATION, OR REMOVAL	Manner of injury	
Place to Cf. De fruis Goale (Cl. 1, 19)	Nature of Injury	
19. UNDERTAKER Howevery Ground	24. Wes disease or injury in any wey releted to occupetion of deceased?	
20. FILEO Oct 14, 193) ME Richardson	(Signed) Led O Hoters	.M. D.

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Example I	- 1	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis 400 4 1931	1921	Run over by street car	1 week ago
Cerebral hemorrhage BUREAU V. S.	July 5,1927	Perilonițis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN





STATE OF MARYLAND—	CERTIFICATE OF DEATH 10977
1. PLACE OF DEATH	46.0
County Harford	Registration Dist. No. 185
Village or City Havrede Drace	No. 620 S. Stafes St. Ward
Length of residence In city or town where death occurred 42 yrs 2 mos	death occurred in a hospital or institution, give its NAME instead of street and number)
2. FULL NAMES ligabeth annie Co	am
(a) Residence: No. 650 So. Stokes	St. Ward.
(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Jemale A. COLOR OR RACE S. SINGLE, MARRIED, WIDOWED, OR, DIVORCED (write the word)	21. DATE OF DEATH (Month) (Day) (Yeer)
5a. If married, widowed, or divorced HUSBAND of	
(or) WIFE of Jours 6 rans	22. I HEREBY CERTIFY, That I attended deceased from
6. DATE OF BIRTH (month, day, and year) Mar. 4/875	I last saw he 2 alive on Oct. 19 19 37 death is said
7. AGE Years Months Days If LESS than	I last saw have alive on
62 7 / 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH end related causes of importance
8. Trade, profession, or particular	were as follows:
8. Trade, profession, or particular kind of work done, as SPINNER, House Dutles SAWYER, BOUKKEEPER, etc.	with metastano
9, Industry or business in which work was done, as SILK MILL	
SAW MILL, BANK, etc 10. Date deceased last worked at this occupation (month and year) year) 11. Total time (years) spent in this occupation corupation	
12. BIRTHPLACE (city or town) Accel Co. (State or country)	Other Contributory Causes of Importance: Chance and Later to peptite 1934.
E CONTRACTOR	
14. BIRTHPLACE (city or town) (State or country)	Name of operation
	What test confirmed diagnosis? Was there an autopsy?
1	23. If death was due to external causes (VIOLENCE) fill in also the following:
O 16. BIRTHPLACE (city or town)	Accident, suicide, or homicide?
17. INFORMANT Rachel Rector	Where did injury occur? (Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
(Address) Mashington D.C.	
18. BURIAL, CREMATION, OR PEMOVIA	Manner of Injury
Plate Village 1901 1901	Nature of injury
19. UNDERTAKEN & Madison Mitchell	24. Was disease or injury in any way related to occupation of deceased?
(Address) Have de Rease Mid.	If so, specify
20. FILED Act. 20, 1937 Clarles J. Daley Registrar.	(Signed) Trange Unlief M. D. (Address) Lange de frace Hes

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Example I	i	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage NOV 9 1931	July 5,1927	Peritonitis	3 days ago
S. V.S.			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL SPAC	E FOR FURT	HER STATEMEN	rs by physic	IAN	
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ARGIN RESERVED FOR BINDING

STATE OF MARYLAND—	CERTIFICATE OF DEATH 10978
1. PLACE OF DEATH	93-0
County Harsetd.	Registration Dist. No.
Village or City Assest Hell	NoSt.,Ward
	death occurred in a hospital or institution, give its NAME instead of street and number) ds. How/long In U.S. if of foreign birth?yrsmosds.
11. 11. 4 Ala.	Cele If U. S. Veteran, specify WAR
2. FULL NAME MEGICAL	St. Ward.
(a) Residence: No. (Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE ORD OR CELE S. SINGLE, MARRIED, WIDOWED ORD OR CELE Write the word	21. DATE OF DEATH (Month) (Day) (Year)
5a. If married, widowed, or divorced	
HUSBAND of Joursa Starmen	1 HEREBY CERTIFY, That I attended deceased from
1 47.1 1040	Hast saw him alive on OCT 3 1931; death is said
6. DATE OF BIRTH (month, day, and year) (124) 1833 7. AGE Years Months Days If LESS than	to have occurred on the date stated above, et 2 f.m.
84 1 27 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance
8 Trade profession or particular	Muscardy of Degeneration
kind of work done, as SPINNER,	with failure / 1933
9. Industry or business in which work wes done, as SILK MILL,	
SAW MILL, BANK, etc. 11. Total time (years)	
this occupation (month and spent in this occupation occupation	
B IT A.T.	Other Contributory Caused of impersance: 1931
12. BIRTHPLACE (city or town) Catto Lety Mul.	monus journais 1921
13, NAME Tulturel	
13. NAME WILLIAM 14. BIRTHPLACE (city or town)	Name of operation Date of
(State or country)	What test confirmed diagnosis? Was there an autopsy?
15. MAIDEN NAME Julturous	23. If death was due to external causes (VIOLENCE) fill In also the following:
15. MAIDEN NAME 16. BIRTHPLACE (city or town)	Accident, suicide, or homicide?, Dete of injury, 19
(State or country)	Where did Injury occur?(Specify city or town county and State)
17. INFORMATIONS Tous Tous Tiels and	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, In HOME, or in PUBLIC PLACE.
18. BURHAL CREMATION, OR REMOVAL	Manner of injury
Profaugh Chepof Colp. 193	Nature of injury
19. UNDERTAKER Houselegen V	24: Was disease or injury in any way related to occupation of deceased? No
Oct or STUE Pinks	(Signed) Classon & Janasanin. D.
20. FILED Registrar.	(Address) Fark mo
If more blanks are needed, address State Registrar.	2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

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To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

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	Example I	-	Example II	9.7
The principal cause of importance were a	of death and related causes s follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	POPLICO	1915	Attack of epilepsy	1 week ago
Chronic interstitial nep	hritis ECE! VED	1921	Run over by street car	1 week ago
Cerebral hemorrhage	NOV 4 1937	July 5,1927	Peritonitis	3 days ago
Other contributory	BUREAU V. S.		Other contributory causes of importance:	
Gallstones		May 1,1923	Gastroenteritis	1 year

ADDITIONAL	SPACE	FOR	FURTHER	STATEMENTS	BY	PHYSICIAN
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		Carlos III		

STATE OF MARYLAND-CERTIFICATE OF DEATH 1. PLACE OF DEATH Registration Dist. No (If death occurred in a hospital or institution, give its NAME instead of street and number) How long in U.S. if of foreign birth?_____yrs.____mos. Length of residence in city or town where death occurred ____ If U. S. Veteran, specify WAR_____ (a) Residence: No. If nonresident give city or town and State (Usual place of abode) MEDICAL CERTIFICATE OF DEATH PERSONAL AND STATISTICAL PARTICULARS 3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, 21. DATE OF DEATH DIYORCED (write the word) (Day) (Month) (Ygar) 5e. If married, widowed, or divorced HUSBAND of CERTIFY. Thet I ettended deceased from (or) WIFE of 6. DATE OF BIRTH (month, day, and yeer) 7. AGE Devs If LESS than Months to have occurred on the date steted above, et_____ 1 day, hrs. The PRINCIPAL CAUSE OF DEATH and releted causes of importance or____min. Date of onset 8. Trede, profession, or particular NO kind of work done, es SPINNER, SAWYER, BOOKKEEPER, etc.___ 9. Industry or business In which work was done, as SILK MILL, SAW MILL, BANK, etc..... 11. Totel time (years) 10. Date deceased lest worked at this occupation (month end occupation ___ year) _____ 12. BIRTHPLACE (city or town (State or country) HER 13. NAME FAT 14. BIRTHPLACE (city or town) Neme of operation (State or country) Whet test confirmed diagnosis? Wes there an autopsy? _. MOTHER 15. MAIDEN NAME 23. If death wes due to external causes (VIOL ENCE) fill in elso the following: Accident, suicide, or homicide?_ 16, BIRTHPLACE (city or town) (Stete or country) Where dld Injury occur?__ (Specify city or town, county and State) Specify whether Injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE 17. INFORMANT (Address) 18. BURIAL, GREMATION: OR REMOVAL Menner of Injury Neture of injury. 24. Wes disease or injury in any way related to occupation of deceased? (Address) If so, specify 020

Registrar.

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Bakimore, Requesting U.S. No. 1.

(Address)/_@

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Example I	i i	Example II	
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Chronic interstitial nephritis NOV 9 1931	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	1000
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIA	ADDITIONAL	NAL SPACE FOR	FURTHER	STATEMENTS	BY	PHYSICIAN
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V. S. No. 1

mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state

CAUSE OF DEATH in plain terms, so that it may be properly classified.

TION is very important. See instructions on back of certificate.

Exact statement of OCCUPA.

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STATE OF MARYLAND	CERTIFICATE OF DEATH	0300
1. PLACE OF DEATH	(31)	,
County Starford	Registration Dist. No. / 84	
Village or Castleton	NDSt.,	Ward
Length of residence in city or town where death occurred yrs	death occurred in a hospital or institution, give its NAME instead of street and reaches. How long in U.S. if of foreign birth?	
2. FULL NAME fames/ frigh	(
(a) Residence: No. (Usual place of abode)	St., Ward. If nonresident give city or town and	State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH	
3. SEX A COLOR OR RACE S. SHNOLE, MARRIED, WIDOWED, ORDIVORCED ("write the word) The color of the state o	21. DATE OF DEATH 2 (Day)	, 193 /(Year)
5a. If married, widewed, or divorced HUSBAND of Margareta, Kmast	22. I HEREBY CERTIFY, That I attended	deceased from
6. DATE OF BIRTH (month, day, end year), Feb. 21 1861	0 - 00	, 19\7-/ 7 -: death is said
7. AGE Years Months Days / If LESS than	to have occurred on the date stated above, at 9. A.m.	
16 8 3 1 day,hrs. ormin.	The PRINCIPAL CAUSE OF DEATH and related causes of importence were as follows:	Date of onset
8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BDDKKEEPER, etc.	Chronic nebbrilis	1/1935
kind of work done, as SPINNER, SAWYER, BDDKKEEPER, etc. 9. Industry or business in which work was done, es SILK MILL, SAW MILL, BANK, etc. 10. Date deceased last worked at	6 Provie Mayolarditis	3/1930
11. Total time (years) this occupation (month and year) 12. Total time (years) spent in this occupation occupation	J	
12. BIRTHPLACE (cotty or town) How ford Collins (State or pountry)	Dther Contributory Causes of importance:	
13. NAME TOWNER TO TOWN TO THE COUNTY OF THE		
4. BIRTHPLACE (city or town)	Name of operation None Dete of	
(State of Country)	What test confirmed diagnosis? Lerus left Was there an a	autopsy?
15. MAIDEN NAME //archantonich	23. If death was due to external causes (VIOLENCE) fill In also the following	; :
15. MAIDEN NAME Martina formith 16. BIRTHPLACE (either town) (State or country)	Accident, suicide, or homicide? Date of Injury Where did injury occur?	, 19
17. INFORMANT More of the standard of the stan	(Specify city or town, county and State Specify whether Injury occurred in INDUSTRY, in HDME, or In PUBLIC PL.	e) ACE.
18. BURIAL, GREMATION, OR REMOVAL CEM Date Oct 27, 1837	Menner of injury	77779999
19. UNDERTAKER HULL Bailey (Address) Dartmaton	24. Was disease or injury in any way related to occupation of deceased?	ro
20. FILED Octob, 1937 M. W. Prick Registrar.	(Signed) W.E. Gallion (Address) Darlington.	M. D.

CTATE OF MADVIAND CEDTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
XO 8 193,	à à		
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL	SPACE	FOR	FURTHER	STATEMENTS	BY	PHYSICIAN

1. PLACE OF DEATH	827
County Harfard	Registration Dist. No. 185
Village or City Aure de Crace	NoSt., Ward
Length of residence in city or town where deeth occurredyrsn	(If death occurred in a horpital or institution, give its NAME instead of street and number) nosds. How long in U.S. if of foreign birth?yrs
2. FULL NAME adam Kurk	1001 101 101 101 101 101 101 101 101 10
2	7
(a) Residence: No. Your New Year (Usual place of abode)	St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL GERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (varie the word)	21. DATE OF GEATH (Month) (Day) (Year)
5a. If married, widowed, or divorced HUSBAND of	
(or) WIFE of Classhelle Thornpan	22. IHEREBY CERTIFY, That I ettended deceased from
6. DATE OF BIRTH (month, day, and yeer) Let 6 1860	I last saw have alive on OPA 3 K 19 2 Ideath is said
7. AGE Years Months Days If LESS than	
77 8 24 1 day,h	THE PRINCIPAL CAUSE OF DEATH and related causes of importance
8. Trade, profession, or particular	Oate of onset
	- Chylesyal Kumbyhack
9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc	/(
SAW MILL, BANK, etc	
12. BIRTHPLACE (city or town) fork (State or country) (State or country)	Other Contributory Causes of Importance:
E 13. NAME Level King,	
14. BIRTHPLACE (city or town) 4000 CState or country)	Name of operation Date of
15. MAIDEN NAME Leah austin	What test confirmed diagnosis? Was there an au'opsy? 23. If death was due to external causes (VIOLENCE) fill in also the following:
16. BIRTHPLACE (city or town)	Accident, suicide, or homicide?
(State or coun'ry)	Where did injury occur?
17. INFORMANT Galph King Killyns	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL Place Date 2 193	Manner of injury
19. UNDERTAKER Struzzolom (Address)	24. Was disease or injury in environ related to occupation of deceased?
20. FILED Mar. 1 1937 Charles J. Toley M. 2.	(Signed) (Address (Address Andrews)
	ar, 2411 N. Charles Street, Bastimore, Requesting V. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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2	Example II	
Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
1915	Attack of epilepsy	1 week ago
1921	Run over by street car	1 week ago
July 5,1927	Peritonitis	3 days ago
	Other contributory causes of importance:	
May 1,1923	Gastroenteritis	1 year
	1915 1921 July 5,1927	The principal cause of death and related causes of importance were as follows: Attack of epilepsy 1921 Run over by street car July 5, 1927 Peritonitis Other contributory causes of importance:

Fallstones		May 1,1923	Gastroenteritis	1 year
	ADDITIONAL	SPACE FOR FURTH	ER STATEMENTS BY PHYSICL	AN

ARGIN RESERVED FOR BINDING

V. S. No. 1

mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state -WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD. Every item of infor-Exact statement of OCCUPA-CAUSE OF DEATH in plain terms, so that it may be properly classified. TION is very important. See instructions on back of certificate.

STATE OF MARYLAND—	CERTIFICATE OF DEATH
1. PLACE OF DEATH	(off)
county Harford	Registration Dist. No. 484
Village or City Cardiff	No. St., Ward death occurred in a hospital or institution, give its NAME instead of street and number)
Length of residence in city or town where death occurred	
2. FULL NAME amanda Rebe	cca novis
(a) Residence: No.	St., Ward.
(Usual place of abode) PERSONAL AND STATISTICAL PARTICULARS	If nonresident give city or town and State MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE S. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH (Month) (Day) (Tear)
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Hambon Norris	22. I HEREBY CERTIFY, That I attended deceased from
6. DATE OF BIRTH (month, day, and year) July 28, 1862	Hast saw h. L. alive on Geh 16 , 1937; death is said
7. AGE Years Months Dys If LESS than 1 day,hrs.	to have occurred on the date stated above, atm. The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
8. Trade, profession, or perticular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.	arteriorelerosis 1953-
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc 10. Date deceased last worked at this occupation (month and	
10. Date deceased last worked at this occupation (month and speed 13) spent in this year)	
12. BIRTHPLACE (city or town) MA (State or country)	Other Contributory Causes of importance: Chrime Brovelites
13. NAME James Ducan	
13. NAME ame hucan 14. BIRTHPLACE (city or town) (Stete or country)	Name of operation Date of Was there an eutopsy
15. MAIDEN NAME Mary Helgore	23. If death was due to external causes (VIOLENCE) fill in elso the following:
15. MAIDEN NAME Mary Klgore 16. BIRTHPLACE (city or town) (State or country)	Accident, suicide, or homicide?
17. INFORMANT, Margaret Miller (Address) New ark Wel	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL Place Slate Ridge Date Oct 20, 1937	Manner of injury
19. UNDERTAKER It Howard Trebb (Address) Farm Grove Pa	24. Wes disease or injury in eny way related to occupation of deceased?
20. FILED Oct. 18-, 19.37 J. J. B. Mc Walb-Registrar.	(Signed) Charles De Government De (Address) Aver Company De Charles De Charle

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NOV 6 193/				
Other contributory causes of importance: S.		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	

ADDITIONAL	SPACE	FOR	FURTHER	STATEMENTS	BY	PHYSICIAN

ord. Every item of inforstated EXACTLY. PHYSICIANS should state Exact statement of OCCUPA. MLY, WITH UNFADING INK-THIS IS A PERMANENT REC CAUSE OF DEATH in plain terms, so that it may be properly classified. TION is very important. See instructions on back of certificate. mation should be carefully supplied. AGE should be -WRITE PLA ż

ARGIN RESERVED FOR BINDING

STATE OF	MARYLAND-	CERTIFICATE OF DEATH	0000
1. PLACE OF DEATH	,	92-ax	
County Harford Co	5	Registration Dist. No. 18	2
Village or City Helicach	is Comer	NoSt,	Ward
Length of residence in city or town where death		f death occurred in a hospital or institution, give its NAME instead of street and n	
2. FULL NAME Q Be	es aller	If U. S. Veteran, specify WAR	
(a) Residence: No. Schuol	Come	St. Ward.	
	(Usual place of abode)	If nonresident give city or town and	State
PERSONAL AND STATISTICA	L PARTICULARS	MEDICAL CERTIFICATE OF DEATH	
male white	SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH (Month) (Day)	, 193.7 (rear)
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of		22. J HEREBY CERTIFY, That I attended of	deceased from
(61) WILL 01		Oct 22 ,137 ,10 Oct 28	, 193.7
	14-1863	I lest sew born elive on OC + 27 ,137	; death is sai
7. AGE Years 3 Months	Days If LESS than 1 dey,hrs.	to have occurred on the date stated above, et. 3. A. m.	
19.	14 ormin.	The PRINCIPAL CAUSE OF DEATH end related causes of importance were as follows:	Date of onset
8. Trade, profession, or particular kind of work done, es SPINNER, SAWYER, BOOKKEEPER, etc	11-1-1-1	In Prostave	7
9. Industry or business in which	V.CHW.C	- Haypringay	
9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc	1		
O Date deceased last worked et this occupation (month end year)	11. Total time (years) spent in this occupation		
12. BIRTHPLACE (city or town) May Sc (State or country)	Lucho Corner	Other Coutributory Causes of importance:	3
13. NAME John W Ba	C.C.		
14. BIRTHPLACE (city or town) Man.	ET	Name of operation	
(State or country)	mol	Whet test confirmed diegnosis? Was there an a	u'opsy?
15. MAIDEN NAME Cours andra	Silbert	23. If death was due to external causes (VIOLENCE) fill in elso the following	
15. MAIDEN NAME Gassandsce 16. BIRTHPLACE (city or town) Pork	Run	Accident, suicide, or homicide? Date of injury	, 19
(State or country)	mol	Where did injury occur? (Specify city or town, county and State	e)
17. INFORMANT Miss Clip Sells (Address) Bells	ut Vaca	Specify whether Injury occurred in INDUSTRY, in HOME, or in PUBLIC PLA	ÁĆE.
18. BURIAL, CREMATION, OR REMOVAL Place 727 31 00 De	ate Ot 30 ,1937	Manner of injury	
19. UNDERTAKER Deany Jose (Address) Belain	ter med	24. Was disease or injury in any way related to occupation of deceased?	w
20. FILED Oct 29 , 1937 Vergin	ica Chambers Registrar.	(Signed) Willard of Heidan (Address) Forest Will mo	ем.

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

V. S. No. 1

Statement of occupation.-Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages. however, designate the occupation by the appropriate terms, as servant-private family, cook-hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Example I	e de la companya de l	Example II	
The principal cause of death and related causes of importance were as follows: Arteriosclerosis	Date of onset	The principal cause of death and related causes of importance were as follows: Attack of epilepsy	Date of onset
Chronic interstitial nephritis	1913	Run over by street car	1 week ago
Cerebral hemorrhage	July 5, 1927		3 days ago
BURGAU V. S.			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL SPACE FOR	FURTHER	STATEMENTS	BY	PHYSICIAN
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ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN				
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mation should be carefully supplied. AGE should be

V. S. No. 1

N.

1. PLACE OF DEATH	ND—CERTIFICATE OF DEATH
County Harfard Court .	(158) Registration Dist. No. 185
Village or City Hame de Flane, N	(If death occurred in a hospital or institution, give its NAME instead of street and number)
2. FULL NAME Carelei Ocursa (7	ds. How long in U. S. if of foreign birth?yrsds PleeIf U. S. Veteran, specify WAR
(a) Residence: No. Swam (Leak, M) (Usual piace of abode)	St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULAR	RS MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WII OR DIVORCED (write the	
5a. If marriad, widowed, or divorced HUSBAND of (or) WIFE of	22. I HEREBY CERTIFY. That I attended deceased from
6. DATE OF BIRTH (month, day, and year) March 29 1	937 I last saw he alive on Coale 19 19 19 17; death is sai
	to have occurred on the date stated above, at Zi = m. The PRINCIPAL CAUSE OF DEATH and related causes of Importance ware as follows:
8 Trade profession or particular	Malautrition Date of onset
Mindustry or business In which work was done, as SILK MILL, SAW MILL, BANK, etc	Snanition Child diad on hour after admission to
O 10. Date deceased last worked at this occupation (month and yaar)	Other Contributory Causes of importance: to that cuff
12. BIRTHPLACE (city or town) O was Cash (State or country) Manyland	Mo further information.
13. NAME Costa Jacks Orde 14. BIRTHPLACE (city or town)	Name of operation
(State of country)	What tast confirmed diagnosis? Was there an autopsy? 23. If death was due to external causes (VIOLENCE) fill In also the following:
15. MAIDEN NAME & Lower Grand Grand 16. BIRTHPLACE (city or town) France Crack (State or country) Manyland.	Accident, suicide, or homicida?
17. INFORMANT Ena June Gra. (Address) Sease Aree & Md.	(Specify city or fown, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL Place Storie Street Date Cet 21	Manner of Injury
19. UNDERTAKER Serry Janes James (Address)	24. Was disease or injury In any way related to occupation of daceasad?
20. FILED Och 20 , 1937 Charles J. Soley	M. S. (Signed) Large de Macan. (Address) Sante de Macan.

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I	4	Example II	
The principal cause of death and related causes of importance were as follows: Arteriosclerosis	Date of onset	The principal cause of death and related causes of importance were as follows: Attack of epilepsy	Date of onset 1 week ago
Chronic interstitial nephrilis	1921	Run over by street car	1 week ago
Cerebral hemorrhage NOV 8 1037	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

PHYSICIANS should state

stated EXACTLY. properly classified.

AGE should be

certificate.

See instructions on back of

CAUSE OF DEATH in plain terms, so that it may

TION is very important.

(Address)

mation should be carefully supplied.

of OCCUPA.

Exact statement

-WRITE PLAI

m

STATE OF MARYLAN	ND—CERTIFICATE OF DEATH 10985
1. PLACE OF DEATH	B
County Haynd	Registration Dist. No / F Q
Village or City Edglwood- md	No. St. Ward
	(If death occurred in a hospital or institution, give its NAME instead of street and number)
ν	mosds. How long in U.S. if of foreign birth?yrsmosds.
2. FULL NAME Baly Pre)
(a) Residence: No.	St., Ward.
(Usual place of abode) PERSONAL AND STATISTICAL PARTICULAR:	If nonresident give city or town and State MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDO	
Male White OR DIVORCED (write the	word) Oet 10 193 7
5e. If married, widowed, or divorced	(Month) (Day) (Year)
HUSBAND of (or) WIFE of	22. I HEREBY CERTIFY, That I attended deceased from
4	Oct 9 1137 19 , to , 19
6. DATE OF BIRTH (month, day, end year) Oct. 9 - 1937	t last saw halive on, 19, death is said
7. AGE Years Months Deys If LES	S than to have occurred on the date stated above, etm. The PRINCIPAL CAUSE OF DEATH and related causes of importance
Stell Barn or	
8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc	Still for macerates
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc 10. Date deceased last worked at this occupation (month and	
10. Date deceased last worked at this occupation (month and year) this occupation	
12. BIRTHPLACE (city or town) & dalarrad (State or country)	Other Contributory Causes of importance:
13. NAME Marion G. Phice	
13. NAME Mariew of Phice 14. BIRTHPLACE (city or town) Edgement (State or country) Md.	Neme of operation Date of What test confirmed diagnosis? Was there an autopsy?
15. MAIDEN NAME Gentlinder Rose Ritt	23. If death was due to external causes (VIOL ENCE) fill in also the following:
15. MAIDEN NAME Sustander Rose Rittle 16. BIRTHPLACE (city or town) Baltimane M. (State or country)	Accident, suicide, or homicide?
17. INFORMANT Marian Price (Address) 5 d 9 gwood md	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or In PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	Menner of Injury
Place Obring don md Date Get !	, 195.7 Nature of injury
19. UNDERTAKER Howard (mcloana	24. Was disease or injury In any way related to occupation of deceased?

Registeffr. If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

(Signed)

(Address) __

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.

9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Example I		Example II		
The principal cause of death and related causes of importance were as follows: Arteriosclerosis	Date of onset	The principal cause of death and related causes of importance were as follows: Attack of epilepsy	Date of onset 1 week ago	
Chronic interstitial nephrilis	. 1921	Run over by street car	1 week ago	
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago	
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	
		,		

ADDITIONAL SPACE FOR I	FURTHER	STATEMENTS	\mathbf{BY}	PHYSICIAN
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PHYSICIANS should state

stated EXACTLY.

properly classified.

TION is very important. See instructions on back of certificate.

mation should be carefully supplied. AGE should be CAUSE OF DEATH in plain terms, so that it may be

Exact statement of OCCUPA-

STATE OF MARYLAND—CERTIFICATE OF DEATH

1. PLACE OF DEATH	THÁI)
County Harpord	Registration Dist. No. 185
Village or City Cherdeen B.F. D.	No. St Ward
Length of residence in city or town where death occurred	death occurred in a hospital or institution, give its NAME instead of street and number) ds. How long in U.S. if of foreign birth?
2. FULL NAME & every & Primar	
	If U. S. Veteran, specify WAR
(a) Residence: No. Churchrulls (Usual place of abode)	St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE Note of the word) S. SINGLE, MARRIED, WIDOWED, OR DIYORCED (waste the word)	21. DATE OF DEATH (Month) (Day) (Year)
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of	22. HEREBY CERTIFY, That I attended deceased from 19.27 to Park 7.6 19.27
6. DATE OF BIRTH (month, day, and year)	! last saw h alive on 19 death is said
7. AGE Years Months Days II LESS than	to have occurred on the date stated above, atm.
70 3 1 dey,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
8. Trade, profession, or particular kind of work done, as SPINNER, Battered SAWYER, BDOKKEEPER, etc. 9. Industry or business in which work was done, es SILK MILL. Lullman Condulin SAW MILL, BANK, etc.	Date of onset
9 Industry or business in which work was done, es SILK MILL, Pullman Conduction SAW MILL, BANK, etc	Congress + Sin as
SAW MILL, BANK, etc	(arterio Relesosio)
0-08:	Other Coutributory Causes of importance:
12. BIRTHPLACE (city or town) Thank Early (State or country)	
W 13. NAME allen L. Ariaa	
13. NAME CILLEN Surger 14. BIRTHPLACE (city or town) Danlington	Name of operation Date of
(State or country) maryland	What test confirmed diagnosis?
15. MAIDEN NAME Mariarie Glefander	23. If death was due to external causes (VIDL ENCE) fill in also the following:
16. BIRTHPLACE (city or town) Language Constant Cov	Accident, suicide, or homicide? Date of injury19
S (State or country)	Where did injury occur?
17. INFORMANT Miss Must I fugg (Address) Cherdien A. I &	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION: OR REMOVAL Condy	Manner of injury
Place fresh squings Date Oct. 3/7., 1927.	Nature of injury
19. UNDERTAKER Henry January Joan (Address)	24. Was disease or injury in any wey related to occupation of deceased? If so, specify
20. FILED Oct 31, 1997 Clarles J. Toley Mr. of. Registrar.	(Signed) Selly M. D. (Address) Lawre & Sygn Man
If more blanks are needed, address State Registrar,	2411 N. Charles Street, Ballimore, Requesting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

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10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

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In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

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Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory tailses of importance, name other important diseases or injuries. Examples:

Example-I VED	11	Example II		
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset	
Arteriosclerosis NOV 9 1937	1915	Attack of epilepsy	1 week ago	
Chronic interstitial nephritis	1921	Run over by street car	1 week ago	
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago	
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

certificate.

See instructions on back of

TION is very important.

B.—WRITE PLA

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V. S. No. 1

(Stata or country)

17. INFORMANT

19. UNDERTAKER

(Address)

state

of OCCUPA.

> THE THE TO LIMIT OF	
STATE OF MARYLAND—	CERTIFICATE OF DEATH 10987
1. PLACE OF DEATH	93-0
County Harland	Registration Dist. No. 183
Village or City Hahre de Deace	No. 5// Buch Colley St. Ward
16	f death occurred in a hospital or institution, give its NAME instead of street and number) sds. How long in U.S. if of foreign birth?yrsmosds.
	Diction Lies. Yeteran, specify WAR
(a) Residence: No. J. Linke (Usual place of abode)	St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH
Male Colored Ellawiel	(Month) (Day) (Yaar)
5a. If married, widowed, or divorced HUSBAND of	22. I HEREBY CERTIFY. That I attended daceased from
(or) WIFE of Cennes Ul. Richard son	aug. 14,19 307 10 Detales 9,1037
6. DATE OF BIRTH (month, day, and year)	I last saw h alive on
7. AGE Years Months Days If LESS than 1 day,	to heve occurred on the date stated above, at
about 59 X X or min.	The PRINCIPAL CAUSE OF DEATH end related causes of importance were as follows:
8. Trede, profession, for particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.	
Industry or business in which	Chrome myrenditis 1933
work was dona, as SILK MILL, Labour	-
10. Data deceased last worked at this occupetion (month end spent in this	
year) occupation	Other Contributory Causes of Importance:
12. BIRTHPLACE (city or town) Alley (State or anythin)	
(State or country) That I was a	Nypuleuna 1933
13. NAME Charles dechards 14. BIRTHPLACE (city or town) Les Constants (State or country)	N. Sell of School Co.
14. BIRTHPLACE (city or town) (State or country) 7	Neme of operation
15. MAIDEN NAME Zealbargorver	23. If death was due to external causes (VIOLENCE) fill in also the Iollowing:
16. BIRTHPLACE (city or town)	Accidant, suicida, or homicide?, 19, 19
State or country)	Where did Injury cour?

Where did injury occur?_____ Where did injury occur? (Specify city or town, county and State)
Specify whether injury occurred in iNOUSTRY, in HOME, or in PUBLIC PLACE.

Menner of injury

24. Was diseese or injury in

If so, specify (Signed) (Address)

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

Registrar.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.-The month and year the deceased last worked at the occupation.

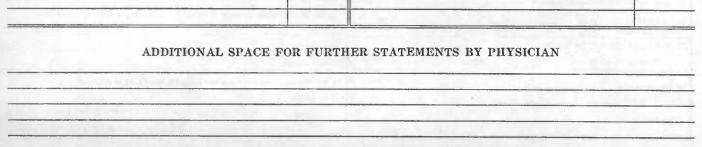
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Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Example I	İŧ	Example II		
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset	
Arteriosclerosis	1915	Attack of epilepsy	1 week ago.	
Chronic interstitial nephritis	1921	Run over by street car	1 week ago	
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago	
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	



state

should

of OCCUPA-

See instructions on back of certificate. CAUSE OF DEATH in plain terms, mation should be carefully TION is very important. -WRITE PL

1. PLACE OF DEATH	
County Harford,	Registration Dist. No. 184
Village or City Street	ND. St. War
(If Length of residence in city or town where death occurredmos	death occurred in a hospital or institution, give its NAME instead of street and number) ds. How long in U.S. if of foreign birth?yrs
2. FULL NAME Benjamin Franklin	Prodon
(a) Residence: No.	As Ward
(Usual place of abode)	✓St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OB RACE OBJUYORCED (wire the word)	21. DATE OF DEATH (Month) (Day) (Year)
5a. If married, widowed, or divorced HUSBAND of	
(or) WIFE of	22. I HEREBY CERTIFY, That I attended deceased from
6. DATE OF BIRTH (month, day, and year) Mar 23- 1869	Wast saw him alive on Oct 12 4 , 1927 ; death is sei
7. AGE Years Months Days If LESS than	to have occurred on the date stated above, at
68 6 23 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BDDKKEPER, etc.	Paralyses of long standing
9. Industry or business in which	Aufertfusiant, + argaine
work was done, as SILK MILL, SAW MILL, BANK, etc	- lawn VI
Spent In this	
year) year) occupation	Other Contributory Causes of importance:
12. BIRTHPLACE (city or town) (State or country)	
E	N
4. BIRTHPLACE (city or tewn) (State or country)	Name of operation Date of Was there an autopsy?
15. MAIDEN NAME nancy Ridga	23. If death was due to external causes (VIDL ENCE) fill in also the following:
15. MAIDEN NAME vancy Ridga 16. BIRTHPLACE (city or town)	Accident, suicide, or homicide? Date of injury, 19
(State or country)	Where did injury occur?
17. INFORMANT Charles Street and	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, In HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, DR REMOVAL CENTRY Date Det 19, 1937	Manner of injury
19. UNDERTAKER X W. Holden (Address) Dolla	24. Was disease or injury in any way related to occupation of deceased?
0 1 10 1 10 10 10	(Signed)
20. FILED U.S. T. S., 1937 As Segistrar,	(Address) Dand M.
If more blanks are needed, address State Registrar,	2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

STATE OF MARYLAND-CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.

9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 weck ago
Chronic interstitial nephritis	1921	Run over by street car 1961 9 AUN	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
•		And the second s	}
		en and the property of the second	
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL.	SPACE F	FOR FURTHER	STATEMENTS	BY	PHYSICIAN

RD. Every item of infor-PHYSICIANS should state Exact statement of OCCUPA-LY, WITH UNFADING INK-THIS IS A PERMANENT REC stated EXACTLY. properly classified. TION is very important. See instructions on back of certificate. CAUSE OF DEATH in plain terms, so that it may be AGE should be mation should be carefully supplied.

ARGIN RESERVED FOR BINDING

N. B.—WRITE PLA

V. S. No. 1

STATE OF MARYLAND—	CERTIFICATE OF DEATH 10989
1. PLACE OF DEATH	940
County Harboard.	Registration Dist. No. 185
Village or City Name de Juste	No. St., Ward death occurred in a hospital or institution, give its NAME instead of street and number)
Length of residence in city or town whera daath occurradyrsmos.	ds. How long in U.S. If of foreign birth?yrsmosds.
2. FULL NAME William I, San	If U. S. Veteran, specify WAR
GB 1 11	
(a) Residence: No. (Usual place of abode)	- St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED,	21. DATE OF DEATH
OR DIVORCED (write the word)	197 193.7
5a. If married, widowed, or divorced	(Month) (Day) (Gaar)
HUSBAND of (or) WIFE of	22. I HEREBY CERTIFY, That I attended the ceased from
(6) 1112 (1	and 1937 to Oct 19 1934
6. DATE OF BIRTH (month, day, and year) June 11-1877.	I last saw h Au alive on Och 1900, 1937; deeth is said
7. AGE Years Months Days If LESS than	to have occurred on the date stated above, at 10 m.
60 4 13 1day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance
8 Trade profession or particular	were as follows:
kind of work done, as SRINNER, Satbuilder, SAWYER, BOOKKEEPER, etc.	lucin Victoria Da 16.25
9. Industry or business In which	June 1
work was done, as SILK MILL, SAW MILL, BANK, etc.	
10. Date deceased last worked et this occupation (month end 15-37) spent in this occupation occupation	
year) Occupation	Other Contributary Causes of importance:
12. BIRTHPLACE (city or town) Prochemble	My To Deli lug 37
(State or country) Outario - Janada,	100000000000000000000000000000000000000
13. NAME Moses Sauce,	\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \
13. NAME Moses Sauce 14. BIRTHPLACE (city or town) Outario,	Name of operation Date of
(State or country) Canada,	What test confirmed diagnosis? Was there an autopsy?
15. MAIDEN NAME Sentenous,	23. If death was due to external causes (VIOLENCE) fill in also the following:
15. MAIDEN NAME 16. BIRTHPLACE (city or town)	Accident, suicida, or homicide? Date of injury 19
O 16. BIRTHPLACE (city or town) (State or country)	Where did Injury occur?
17. INFORMANT Edward m Commons. (Address) Lavre de Grale mo	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, In HOME, or in PUBLIC PLACE.
18. BURIAL CREMATION, OR REMOVAL	Manage of Jalum
Place angel Helloate Oct 29,937	Manner of injury
	Neture of injury
19. UNDERTAKER Deury Contons	24. Was disease or injury In any wey related to occupation of deceased?

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

Registrar.

If so, specify

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant-private family, cook-hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

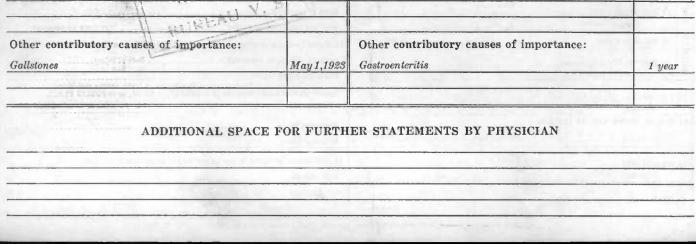
11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

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Example I	1	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage NOV 9	July 5,1927	Peritonitis	3 days ago
W BUNEAU			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year
EAST TURNS OF THE PARTY OF THE			



V. S. No. 1

A.	STATE OF MARTUAND	CERTIFICATE OF DEATH
state UPA.	1. PLACE OF DEATH	1 (121)
	County Vay Vous	A Registration Dist. No. 185
should f OCC	Village or City Starte Ide Sunce MI	$\dots (\lambda / a - b \cdot a)$
0	Thinage of city	death occurred in a hospital or institution, give its NAME instead of street and number)
PHYSICIANS act statement	Langth of residence in city or town where death occurredyrs,mos.	ds. How long in U.S. if of foreign birth?yrsmosds.
YSICIANS	2. FULL NAME James Showles	If U. S. Veteran, specify WAR
ate	(a) Residence No. / Edgurand / M	1/ St. Ward.
st	(Usual place of abode)	If nonresident give city or town and State
P.E.	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Y. PH. Exact	3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH 0 0 2 3 193 7
TI	5a. If marriad, widowed, or divorced	- (MUNIA) (Day) (Teel)
X A C T I	HUSBAND OF UNKnown	22. I HEREBY CERTIFY, That I attanded deceased from
Clas	# = F (500	(1) 16 ,19,1 f, to
	6. DATE OF BIRTH (month, day, and year) 64 25 - 1889	I last saw h. Accalive on
stated E properly certificate	7. AGE Years Months Days If LESS than 1 day,hrs.	to have occurred on the date stated abova, at
stated proper ertific	4 8 ormin.	The PRINCIPAL CAUSE OF DEATH and ralatal causes of Importance were as follows:
	8. Trede, profassion, or perticular kind of work done, as SPINNER,	() A A A
be of	SAWYER, BOOKKEEPER, atc.	Desnotual astima
ould may back	9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc	A A
	SAW MILL, BANK, etc	Civile Menules
0 4 6	this occupation (month and year)	Cardine Disperiences
supplied. AGE in terms, so that See instructions o	year)	Other Contributory Causes of Importances
so	12. BIRTHPLACE (city or town) . Town austinic	Primary couse & Chance nephretia.
ed.	(State or country)	Thysician only sow patient a few days.
supplied n terms, ee instri	# 13. NAME Crolsus Thompson	Cws.R.
sul n t	14. BIRTHPLACE (city or town) - Uce-key active	Name of operation Dete of
3	(State of Country)	What test confirmed diagnosis? Was there an autopsy?
be carefully supplied EATH in plain terms, important. See instru	15. MAIDEN NAME Solum Grower	23. If death wes due to external causes (VIOLENCE) fill in also the following:
	[16. BIRTHPLACE (bity or town)	Accident, suicida, or homicida? Date of injury, 19
ld be car DEATH y import	∑ (State or country)	Where did Injury occur?
l be DEA	17 INFORMANT Fred myen	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, In HOME, or In PUBLIC PLACE.
hould OF D	(Address) Edgewood md	
200	18. BURIAL, CREMATION, ON REMOVAL	Mennar of Injury
7	Place A perme Data Od 30 ,1937	Natura of Injury
mation s CAUSE TION is	Pennintm Do	24. Was disaase or injury in any way related to occupation of decaased?
EOF	19. UNDERTAKER (Address) / Jane de france	If so, specify
1	4 10 02	(Signad) Selly D D D
	20. FILED Oct 30, 1937 Charles J. Osley Dr. S. Registrar.	(Address fare le Hyale nel
1.37		2411 N. Charles Street, Baltlmore, Requesting V. S. No. 1.
	AJ MOTE VIENKS BIE NEEDED, BUDIES SIBLE REGISTIAT,	4411 11. Chanes Street, Datumore, Requesting U. S. IVO. 1.

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Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related causes of importance were as follows: Arteriosclerosis	1	of importance were as follows:	
Arterioscierosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage NOV 9 1931	July5,1927	Peritonitis	3 days ago
BUSEAU V. S	الد		
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year
			X

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

N. B.-WRITE

STATE OF MARYI AND-CERTIFICATE OF DEATH

1. PLACE OF DEATH	IE OF MAR	KYLAND—	CERTIFICATE OF DEATH	10001
			210-97	
County Harford			Registration Dist. No. 18	2
Village or City Edgew	ood Arsenal,	Maryland	ND. St., f death occurred in a hospital or institution, give its NAME instead of street and	Ward
Length of residence in city or to	wn where deeth occurred		sds. How long in U.S. if of foreign birth?yrsm	
2. FULL NAME MI	CHAEL TIGHE		If U. S. Veteran, specify WAR	
(a) Residence: No. Ot		e of abode)	C. St., Ward. If nonresident give city or town and	State
PERSONAL AND ST	ATISTICAL PART	TICULARS	MEDICAL CERTIFICATE OF DEATH	100000000000000000000000000000000000000
3. SEX 4. COLOR OR 1	OP DIVORC	RRIED, WIDOWED,	21. DATE OF DEATH October 21	, 193 7
5a. If married, widowed, or divorced HUSBAND of	1 SINGI	0	(Month) (Day)	(Year)
(or) WIFE of			22. I HEREBY CERTIFY, That I attended	
	More O	1927	October 21 19 37, to October 2 1 18st saw h im alive on October 21 19 37	
6. DATE OF BIRTH (month, day, end y 7. AGE Years	mear) May 9, May Days	If LESS than	to have occurred on the date stated above, at 8 2 QQA _m.	_; death is said
10	5 12	1 dey,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance	
8. Trede, profession, or particula	r	ormin.	were as follows: Automobile accident: Fracture bas	Date of onsety
kind of work done, as SPI SAWYER, BODKKEEPER, et	NNER, Scholar		skull. Fracture, complete, simple	37
kind of work done, as SPI SAWYER, BODKKEEPER, et SIndustry or business In which work was done, as SILK M SAW MILL, BANK, etc	111		distal third, claviole, right.	10/21/37
SAW MILL, BANK, etc 10. Date deceased last worked at		At /	Fracture, simple, complete, middle	
this occupation (month and year)	sp	time (years) ent in this cupation	third, radius and ulna, right. Other Contributory Causes of importance: (Over)	10/21/37
THE DIRECT CONTOURS OF CONTOURS	altimore,		Shock and hemorrhage, due to	
(State or country)	Maryland		above	10/21/3
13. NAME Francis	Leonard Tighe			
13. NAME Francis 14. Birthplace (city or town)	Baltimore,		Name of operation	
(State of country)	Marylar	ad	What test confirmed diagnosis? Clinical signs there an	autopsy?_No_
15. MAIDEN NAME Gladys	Baltimore,		23. If death was due to external causes (VIOL ENCE) fill in also the following	•
15. MAIDEN NAME Gladys 16. BIRTHPLACE (city or town) (State or country)	Maryland		Accident, suicide, or homicide? Accident Date of injury Oct	
		(20.00	Where did injury occur? Edgewood, Harford Co. (Specify city or town, county and Sta Specify whether injury occurred in INDUSTRY, In HOME, or in PUBLIC PL	ie)
17. INFORMANT Mrs. Glady (Address) Otter Po	ys Jows Tighe	(Mother)	Specify whether injury occurred in INDUSTRY, In HOME, or in PUBLIC PL Public place	ACE.
18. BURIAL, CREMATION, OR REMOVA	L		Manner of injury Run over by automobile	
Place Bonnie B	sae Date Oct	fec 23, 1937	Nature of injury Fractures multiple with she	ock and
19. UNDERTAKER Pita W	ilde leld.		hemorrhage. 24. Was disease or injury in any way related to occupation of deceased?	20
	mount are	Balto md	It so, specify Downlink Batch	
20. FILED Det 21 , 1937	& muly The	Rip ley Registrar.	(Signed) (Signed) (Signed) (Signed) (Signed) W. Batch, 1st Lt., M. (Address) Edgewood Arsenal, Maryle	
	76	Registrar.	" (voltezz)	The state of the s

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 2.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

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9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

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In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

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Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
MON 3 1931			
Other contributory causes of importance:	23	Other contributory causes of importance:	
Gallstones '	May 1,1923	Gastroenteritis	1 year
** - t * Con Nilson N Nilson N Nilson Hard			

		NAL SPACE								
Fracture,	simple,	complate.	lower	third,	femur,	right.	Date	of	onset:	10/21/37
		e langer, ar.								
										all terms

2

V. S. No. 1

STATE OF MARYLAND—	CERTIFICATE OF DEATH 10992
1. PLACE OF DEATH	51-0
County Hufrd'	Registration Dist. No.
Village or City Decelor	NoSt.,Ward
Length of residence in city or town where deeth occurred 23_yrsmos.	death occurred in a hospital or institution, give its NAME instead of street and number) ds. How long in U.S. if of foreign birth?
2. FULL NAME FALLES O MUCH	Curry S. S. Vateran, specify WAR
(a) Residence: No. Busson	St., Ward,
(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR ON RAPE 5. SINGLE, MARRIED, WIDOWED, OR DEVORCED (write the wird)	21. DATE OF DEATH OCT (Month) (Day) (Year)
5a. If married, widowad, of divorced HUSBAND of WIFE of Warry Truelerwood	22. I HEREBY CERTIFY, Thet I attended deceased from
DATE OF BURY (191)	last saw size alive on OCF 10 1937; death is seid
6. DATE OF BIRTH (month, dey, and year) 7. AGE Years Months Days If LESS then	to hava occurred on the dete stated above, at (6-17, m.
7 4 1 dey,hrs. ormin.	The PRINCIPAL CAUSE OF DEATH and related ceuses of Importance
8 Trada profession or particular	Carcinome of Prostote Date of onset
9. Industry or business in which	0
work wes done, as SILK MILL, SAW MILL, BANK, etc	
yaar) occupation	Other Contributory Causes of importance:
12. BIRTHPLACE (city or town) (State or country)	
Ŧ / CCCCC	
4 14. BIRTHPLACE (city or town) (State or country)	Neme of operation
15. MAIDEN NAME LA POR REAL FORTE	23. If death was due to external causes (VIOLENCE) fill in also the following:
15. MAIDEN NAME fulda fadfort	Accident, suicide, or homicida? Data of injury, 19
State or country) / Crquae	Where did injury occur?
17. INFORMANIALS frames thereto the s	(Specify city or town, county and State) Spacify whather injury occurred in INDUSTRY, In HOME, or in PUBLIC PLACE.
18. BURIAL CREMATION, OR REMOVAL	Manner of injury
profunctivelle, Comone Cf 18, 193	Nature of injury
19. UNDERTAKER Joseph Legal & Goss.	24. Was disease or injury in eny way related to occupation of deceesed?
20. FILED Oct 17, 197 n E Richardson	(Signed) Wellard B. Mudson M. D. (Address) Farat Well Inch
	2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

1937

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Example I	1	Example II	
The principal cause of death and related cau of importance were as follows:	ises Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis NOV 4 1937	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

6 3

V. S. No. 1

STATE OF	MARYLAND-CERTIFICATE OF DEATH	į
FATH!	(62)	

10993

1. PLACE OF DEATH	
County Harlord	Registration Dist. No. 18
Village or City Release Mo.	No/37/Uslowe Ted. Ward
0-1 (If	death occurred in a hospital or institution, give its NAME instead of street and number)
Length of residence In city or town where death occurredyrs,mos.	ds. How long In U.S. if of foreign birth?yrsds.
2. FULL NAMES Spert Johnson Wal	LUS. Veteran specify WAR
(a) Residence: No./37 Westorse	Ward. If nonresident give city or town and State
(Usual place of abode) PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED,	21. DATE OF DEATH
Male White OR DIVORCED (write the word)	Uch. 20 193/
5a. If married, widowed or divorced	(Month) (Day) (Year)
(or) WIFE of Marganet Cuma Halling	22. I HEREBY CERTIFY. That I ettended deceased from
1/ 1/ 28 104,	19 , 10
6. DATE OF BIRTH (month day, and year) 7. AGE Years Months Days If LESS than	I last saw harman alive on
Common and I day here	to heve occurred on the date stated above, atm. The PRINCIPAL CAUSE OF DEATH end releted causes of Importence
83 10 2 10 ormin.	were as follows:
8. Trade, profession, or particular kind of work done, es SPINNER,	Whomas Myguel
kind of work done, es SPINNER, SAWYER, BOOKKEEPER, etc. 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. 10. Date deceased last worked at 11. Total time (years)	mahlauitia It
work was done, as SILK MILL, SAW MILL, BANK, etc.	The province of the second
10. Date deceased last worked at this occupation (month and spant in this	Wake dia a lucy by a land
year) occupation	Other Contributory Causes of Importance:
12. BIRTHPLACE (city or town) Harmony	Other Contributory Causes of Importance.
(State or country)	
13. NAME John I tenry Walking	
13. NAME John J Venry Walking 14. BIRTHPLACE (city or town)	Neme of operation
(State of County)	What test confirmed diagnosis? Was there an autopsy?
15. MAIDEN NAME / COLOR SALES	23. If death was due to external causes (VIOLENCE) fill In also the following:
6 16. BIRTHPLACE (city or town)	Accident, suicide, or homlolde? Date of injury, 19
∑ (State or country)	Where did Injury occur?(Specify city or town, county and State)
17. INFORMANT M. Wilhur G. Jewell (Address)	Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION OR REMOVAL O 0 773	Manner of injury
Place Warlington eur Date Date 190	Nature of injury
19. UNDERTAKEN Madison Milghell	24. Was disease or injury in any way related to occupation of deceased?
(Address) Horide Rice Mid.	If so, specify
on Det 77 34 Alichael	(Signed) M. D.
20. FILED Registrar.	(Address) Barze Al Sygge Jag - MA)

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

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NOV 5 1931	1:		
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

-	
No.	
vi	
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1. PLACE OF	assoul	York In the		107-03	Desire to a		82
	4	3 /			Registration D	ist. No	
Village or Cit	Mean C	coly	(If death occurred in	n a hospital or instituti	ion, give its NAME	instead of street and	l number)
Length of reside	nce in city or town where	death occurredyrs	ds. H				
2. FULL NAM	E ma	tha Day	Wood	If U. S. Veteran, s	specify WAR		
(a) Residence	: No.	un ady-	St.,	Ward.			
		(Usual Office of abod				ive city or town an	d State
3. SEX		TICAL PARTICUL		MEDICAL CE	RTIFICATE	OF DEATH	
Leavel	4. COLOR OR RACE	S. SINGLE, MARRIED, V OR DIVORCED (write	word)	OF DEATH	Oct-	18	1027
6 16 married widows	La diversal	manne	-		(Month)	(Day)	(Yea
HUSBAND of Corp. WIFE of Horsel Wood			22.	HEREBY	CERTIFY	. That I attended	d deceased
(.,	100			1.3,,			, 19.
6. DATE OF BIRTH (m		cps 20-18	I last saw had	alive on 4	Det 1. 8:	, 19.3.7	Z.; death i
7. AGE Years	/			red on the date stated			
6		7 %	min. were as follow	AL CAUSE OF DEATI	H and related causes	s of Importance	Date of
8. Trade, profess kind of wo SAWYER, I	ion, or particular rk done, as SPINNER, BDOKKEEPER, etc	Alexanor	· Br	melinal	- (Trussen	mania.	
	isiness in which	Sydenay					
9. Industry or bit work was compared to this occupation.	lone, as SILK MILL, BANK, etc	•••••					
10. Date deceased this occupa	last worked at tition (month and	11. Total time (ye spent in th					
year)		occupation	Other Contrib	utory Causes of impor	rtance:		
12. BIRTHPLACE (city		7					
(State or count	0	0.0.					
13. NAME	John	Davis					
14. BIRTHPLACE (city or town) (State or country)				ation	n. ; + 40	Date of_	
(01410 01 0		11/		firmed diagnosis?			
E	11	wers		s due to external caus			
O 16. BIRTHPLACE (State or c		ne		ide, or homicide? ury occur?	D	ate of injury	, 19
	7/11	11-1		er injury occurred in	(Specify city or to	own, county and St	ate)
17. INFORMANT (Address)	1 1 gas	of med	Specify wheth	er injury occurred in	INDUSTRE, III HON	ic, or in Public P	LACE.
18. BURIAL, CREMATIC	N, OR REMOVAL	0 +	Manner of Inju	ury			
Place UG	the Grove	Date Od 2	., 193. 7 Nature of Inju				
19. UNDERTAKER	Dean. Y	Fostin.	24. Was disease	e or injury in any wa	y related to occupat	tion of deceased?	
(Address)	Bel	anconel	If so, specify			1	
20 FILED Oct	20,37 78	Richards	(Signed)	14	6. Xx1	heer 1	
			rgistrar. (A	Address) (0	an Les	1 mil	

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